



**Recipient Committee  
Campaign Statement  
Cover Page - Part 2**

**CALIFORNIA 460  
FORM**

COVER PAGE - PART 2

Page 2 of 16

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE Gloria Soto	OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) City Council Member RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) 818 W Dame Drive	CITY Santa Maria	STATE Santa Maria, CA	ZIP 93458
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**Related Committees Not Included in this Statement:** *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy*

COMMITTEE NAME	I.D. NUMBER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO	STREET ADDRESS (NO P.O. BOX)	STATE	ZIP CODE	AREA CODE/PHONE	NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>
COMMITTEE NAME	I.D. NUMBER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO	STREET ADDRESS (NO P.O. BOX)	STATE	ZIP CODE	AREA CODE/PHONE	NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>
NAME OF TREASURER	I.D. NUMBER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO	STREET ADDRESS (NO P.O. BOX)	STATE	ZIP CODE	AREA CODE/PHONE	NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>
NAME OF TREASURER	I.D. NUMBER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO	STREET ADDRESS (NO P.O. BOX)	STATE	ZIP CODE	AREA CODE/PHONE	NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>

**6. Primarily Formed Ballot Measure Committee**

NAME OF BALLOT MEASURE	BALLOT NO. OR LETTER	JURISDICTION	SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>
<b>Identify the controlling officeholder, candidate, or state measure proponent, if any.</b>	NAME OF OFFICEHOLDER, CANDIDATE, OR PROPOSER			
	OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY		

**7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.**

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>

**Campaign Disclosure Statement  
Summary Page**

Amounts may be rounded  
to whole dollars.

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

<b>SUMMARY PAGE</b>	
<b>CALIFORNIA 460 FORM</b>	
Statement covers period from _____ through _____	07/01/2021 12/31/2021
Page ____ 3 ____ of ____ 16 ____	

Gloria Soto for Santa Maria City Council District 3 2022

<b>Contributions Received</b>		<b>Column A</b> TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	<b>Column B</b> CALENDAR YEAR TOTAL TO DATE	<b>Calendar Year Summary for Candidates Running in Both the State Primary and General Elections</b>
1. Monetary Contributions .....	Schedule A, Line 3	\$ 0.00	\$ 0.00	
2. Loans Received .....	Schedule B, Line 3	0.00	0.00	
3. SUBTOTAL CASH CONTRIBUTIONS.....	Add Lines 1 + 2	\$ 0.00	\$ 0.00	7/1 to Date
4. Nonmonetary Contributions .....	Schedule C, Line 3	0.00	0.00	
5. TOTAL CONTRIBUTIONS RECEIVED.....	Add Lines 3 + 4	\$ 0.00	\$ 0.00	
<b>Expenditures Made</b>				<b>Expenditures Limit Summary for State Candidates</b>
6. Payments Made.....	Schedule E, Line 4	\$ 510.00	\$ 1,770.00	
7. Loans Made .....	Schedule H, Line 3	0.00	0.00	
8. SUBTOTAL CASH PAYMENTS.....	Add Lines 6 + 7	\$ 510.00	\$ 1,770.00	
9. Accrued Expenses (Unpaid Bills) .....	Schedule F, Line 3	900.00	1,350.00	Date of Election (mm/dd/yy)
10. Nonmonetary Adjustment .....	Schedule C, Line 3	0.00	0.00	Total to Date
11. TOTAL EXPENDITURES MADE.....	Add Lines 8 + 9 + 10	\$ 1,410.00	\$ 3,120.00	
<b>Current Cash Statement</b>				To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).
12. Beginning Cash Balance .....	Previous Summary Page, Line 16	\$ 779.14		
13. Cash Receipts .....	Column A, Line 3 above	0.00		
14. Miscellaneous Increases to Cash .....	Schedule I, Line 4	0.00		
15. Cash Payments .....	Column A, Line 8 above	510.00		
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$ 269.14		
If this is a termination statement, Line 16 must be zero.				
17. LOAN GUARANTEES RECEIVED.....	Schedule B, Line 2	\$ 0.00		
<b>Cash Equivalents and Outstanding Debts</b>				
18. Cash Equivalents.....	See instructions on reverse	\$ 0.00		
19. Outstanding Debts .....	Add Line 2 + Line 9 in Column B above	\$ 1,350.00		

\*Amounts in this section may be different from amounts  
reported in Column B.

**Schedule A**  
**Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

<b>SEE INSTRUCTIONS ON REVERSE NAME OF FILER</b>		<b>CALIFORNIA 460 FORM</b>	
		Statement covers period from <u>07/01/2021</u>	through <u>12/31/2021</u>
		Page <u>4</u>	of <u>16</u>
		I.D. NUMBER <b>1407086</b>	

**Gloria Soto for Santa Maria City Council District 3 2022**

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**Schedule A Summary**

1. Amount received this period - itemized monetary contributions.  
(Include all Schedule A subtotals.) ----- \$ ----- 0.00
2. Amount received this period - unitemized monetary contributions of less than \$100 ----- \$ ----- 0.00
3. Total monetary contributions received this period.  
(add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ----- \$ ----- **TOTAL** \$ 0.00

* Contributor Codes	
IND - Individual	
COM - Recipient Committee (other than PTY or SCC)	
OTH - Other (e.g., business entity)	
PTY - Political Party	
SCC - Small Contributor Committee	

**SUBTOTAL \$**

### Schedule B - Part 1 Loans Received

Amounts may be rounded to whole dollars.

* Contributor Codes
IND - Individual
COM - Recipient Committee (other than PTY or SCC)
OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee

\* Contributor Codes

IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other (e.g., business entity)  
PTY - Political Party  
SCC - Small Contribution Committee

(May be a negative number)

1. Loans received this period  
(Total Column (b) plus unitemized loans of less than \$100.)
  2. Loans paid or forgiven this period  
(Total Column (c) plus loans under \$100 paid or forgiven)  
(Include loans paid by a third party that are also itemized on Schedule A.)
  3. Net change this period. (Subtract Line 2 from Line 1.)  
Enter the net here and on the Summary Page, Column A, Line 2

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(Enter (e) on  
Schedule E, Line 3)  
**FPPC Advice:** advice@fppc.ca.gov (866/275-3772)  
www.fppc.ca.gov

Astronomical Society of the Pacific 1898 Meeting Proceedings

\*\* If required.

**Schedule B - Part 2  
Loan Guarantors**

Amounts may be rounded  
to whole dollars.

SEE INSTRUCTIONS ON REVERSE NAME OF FILER <b>Gloria Soto for Santa Maria City Council District 3 2022</b>		Statement covers period from <u>07/01/2021</u> through <u>12/31/2021</u>		Page <u>6</u> of <u>16</u>		
				I.D. NUMBER <u>1407086</u>		
FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
			LENDER			CALENDAR DATE \$ _____ PER ELECTION (IF REQUIRED)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC <input type="checkbox"/>	DATE			

SCHEDULE B - PART 2 <b>CALIFORNIA 460 FORM</b>	
from <u>07/01/2021</u>	through <u>12/31/2021</u>
Page <u>6</u> of <u>16</u>	
I.D. NUMBER <u>1407086</u>	

SUBTOTAL	\$	Enter on Summary Page. Line 17 only.

**Schedule C**  
**Nonmonetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

**Gloria Soto for Santa Maria City Council District 3 2022**

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID. NUMBER)	CONTRIBUTOR CODE *	IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

**Schedule C Summary**

1. Amount received this period - itemized nonmonetary contributions.  
(Include all Schedule C subtotals.) ----- \$ ----- 0.00
2. Amount received this period - unitemized nonmonetary contributions of less than \$100 ----- \$ ----- 0.00
3. Total nonmonetary contributions received this period.  
(add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ----- \$ ----- TOTAL \$ 0.00

I.D. NUMBER

1407086

\* Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other (e.g., business entity)  
PTY - Political Party  
SCC - Small Contributor Committee

**SUBTOTAL \$**

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**Schedule D**  
**Summary of Expenditures**  
**Supporting/Opposing Other**  
**Candidates, Measures, and Committees**

Amounts may be rounded  
to whole dollars.

<b>SCHEDULE D</b>		Statement covers period
		from <u>07/01/2021</u>
		through <u>12/31/2021</u>
		Page <u>8</u> of <u>16</u>
NAME OF FILER		I.D. NUMBER
<u>Gloria Soto for Santa Maria City Council District 3 2022</u>		<u>1407086</u>

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
		<input type="checkbox"/> Monetary <input type="checkbox"/> Contribution <input type="checkbox"/> Nonmonetary <input type="checkbox"/> Contribution <input type="checkbox"/> Independent <input type="checkbox"/> Expenditure  <input type="checkbox"/> Support <input type="checkbox"/> Oppose				

**SCHEDULE D SUMMARY**

1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.) ----- \$ 0.00
2. Unitemized contributions and independent expenditures made this period of under \$100 ----- \$ 0.00
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) ----- **TOTAL \$ 0.00**

SUBTOTAL \$	
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**Schedule E  
Payments Made**

Amounts may be rounded  
to whole dollars.

<b>CALIFORNIA 460 FORM</b>	
Statement covers period from <u>07/01/2021</u>	through <u>12/31/2021</u>
Page <u>9</u> of <u>16</u>	I.D. NUMBER <b>1407086</b>

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

**Gloria Soto for Santa Maria City Council District 3 2022**

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- CMP campaign paraphernalia/misc.
  - CNS campaign consultants
  - CTB contribution (explain nonmonetary)\*
  - CVC civic donations
  - FIL candidate filing/ballot fees
  - FND fundraising events
  - IND independent expenditure supporting/opposing others (explain)\*
  - LEG legal defense
  - LIT campaign literature and mailings
- MBR member communications  
 MTG meetings and appearances  
 OFC office expenses  
 PET petition circulating  
 PHO phone banks  
 POL polling and survey research  
 POS postage, delivery and messenger services  
 PRO professional services (legal, accounting)  
 PRT print ads

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Integrated Solutions: Political 4142 Adams Avenue Suite 103-550 San Diego, CA 92116	OFC			75.00
Integrated Solutions: Political 4142 Adams Avenue Suite 103-550 San Diego, CA 92116	OFC			75.00
Integrated Solutions: Political 4142 Adams Avenue Suite 103-550 San Diego, CA 92116	OFC			75.00
Integrated Solutions: Political 4142 Adams Avenue Suite 103-550 San Diego, CA 92116	OFC			75.00
			<b>SUBTOTAL \$</b>	<b>300.00</b>

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

## Schedule E Payments Made

Amounts may be rounded  
to whole dollars.

SEE INSTRUCTIONS ON REVERSE NAME OF FILER		Statement covers period	
		from <u>07/01/2021</u>	through <u>12/31/2021</u>
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		I.D. NUMBER	<u>1407086</u>

### Gloria Soto for Santa Maria City Council District 3 2022

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.
CNS	campaign consultants
CTB	contribution (explain nonmonetary)*
CVC	civic donations
FIL	candidate filing/ballot fees
FND	fundraising events
IND	independent expenditure supporting/opposing others (explain)*
LEG	legal defense
LIT	campaign literature and mailings

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Integrated Solutions: Political 4142 Adams Avenue Suite 103-550 San Diego, CA 92116	OFC			\$ 75.00

### Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) ----- \$ ----- \$ 375.00
2. Unitemized payments made this period of under \$100 ----- \$ ----- \$ 135.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ----- \$ ----- \$ 0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ----- \$ ----- \$ 510.00

SUBTOTAL \$	75.00

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**Schedule F  
Accrued Expenses (Unpaid Bills)**

Amounts may be rounded  
to whole dollars.

**CALIFORNIA 460  
FORM**

Statement covers period from <u>07/01/2021</u>	through <u>12/31/2021</u>	Page <u>11</u> of <u>16</u>
SEE INSTRUCTIONS ON REVERSE NAME OF FILER		I.D. NUMBER <b>1407086</b>

**Gloria Soto for Santa Maria City Council District 3 2022**

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.  
CNS campaign consultants  
CTB contribution (explain nonmonetary)\*  
CVC civic donations  
FIL candidate filing/ballot fees  
FND fundraising events  
IND independent expenditure supporting/opposing others (explain)\*  
LEG legal defense  
LIT campaign literature and mailings  
MBR member communications  
MTG meetings and appearances  
OFC office expenses  
PET petition circulating  
PHO phone banks  
POL polling and survey research  
POS postage, delivery and messenger services  
PRO professional services (legal, accounting)  
PRT print ads  
RAD radio airtime and production costs  
RFD returned contributions  
SAL campaign workers' salaries  
TEL tv. or cable airtime and production costs  
TRC candidate travel, lodging, and meals  
TRS staff/spouse travel, lodging, and meals  
TSF transfer between committees of the same candidate/sponsor  
VOT voter registration  
WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	AMOUNT INCURRED THIS PERIOD	AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
C&I Consulting 226 East Canon Perdido Street Santa Barbara, CA 93101	PRO	150.00	0.00	0.00	150.00
C&I Consulting 226 East Canon Perdido Street Santa Barbara, CA 93101	PRO	150.00	0.00	0.00	150.00
C&I Consulting 226 East Canon Perdido Street Santa Barbara, CA 93101	PRO	150.00	0.00	0.00	150.00
<b>SUBTOTALS</b>	<b>\$ 450.00</b>		<b>\$ 150.00</b>	<b>\$ 0.00</b>	<b>\$ 600.00</b>

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**Schedule F  
Accrued Expenses (Unpaid Bills)**

Amounts may be rounded  
to whole dollars.

**SCHEDULE F  
CALIFORNIA 460  
FORM**

Statement covers period from <u>07/01/2021</u>	through <u>12/31/2021</u>	Page <u>12</u> of <u>16</u>
SEE INSTRUCTIONS ON REVERSE NAME OF FILER		I.D. NUMBER <b>1407086</b>

**Gloria Soto for Santa Maria City Council District 3 2022**

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications
CNS campaign consultants	MTG meetings and appearances
CTB contribution (explain nonmonetary)*	OFC office expenses
CVC civic donations	PET petition circulating
FIL candidate filing/ballot fees	PHO phone banks
FND fundraising events	POL polling and survey research
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services
LEG legal defense	PRO professional services (legal, accounting)
LIT campaign literature and mailings	PRT print ads

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
C&I Consulting 226 East Canon Perdido Street Santa Barbara, CA 93101	PRO	0.00	150.00	0.00	150.00
C&I Consulting 226 East Canon Perdido Street Santa Barbara, CA 93101	PRO	0.00	150.00	0.00	150.00
C&I Consulting 226 East Canon Perdido Street Santa Barbara, CA 93101	PRO	0.00	150.00	0.00	150.00
C&I Consulting 226 East Canon Perdido Street Santa Barbara, CA 93101	PRO	0.00	150.00	0.00	150.00
<b>SUBTOTALS</b>		<b>\$ 0.00</b>	<b>\$ 600.00</b>	<b>\$ 0.00</b>	<b>\$ 600.00</b>

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**Schedule F**  
**Accrued Expenses (Unpaid Bills)**

Amounts may be rounded  
to whole dollars.

SEE INSTRUCTIONS ON REVERSE NAME OF FILER		<b>CALIFORNIA 460 FORM</b>	
Statement covers period from	07/01/2021	Statement covers period through	12/31/2021
		Page	13 of 16
		I.D. NUMBER	1407086
<b>Gloria Soto for Santa Maria City Council District 3 2022</b>			

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MFTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
C&I Consulting 226 East Canon Perdido Street Santa Barbara, CA 93101	PRO	0.00	150.00	0.00	150.00

**SCHEDULE F SUMMARY**

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) **INCURRED TOTALS \$ 900.00**
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) **PAID TOTALS \$ 0.00**
- Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$ 900.00**

\*Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTALS** \$ **0.00** \$ **150.00** \$ **0.00** \$ **150.00**

**Schedule G  
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)**

Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE		NAME OF AGENT OR INDEPENDENT CONTRACTOR	
		<b>Gloria Soto for Santa Maria City Council District 3 2022</b>	

SCHEDULE G	
<b>CALIFORNIA 460 FORM</b>	
Statement covers period from <u>07/01/2021</u>	through <u>12/31/2021</u>
Page <u>14</u>	of <u>16</u>
ID. NUMBER	<b>1407086</b>

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- CMP campaign paraphernalia/misc.
- CNS campaign consultants
- CTB contribution (explain nonmonetary)\*
- CVC civic donations
- FIL candidate filing/ballot fees
- FND fundraising events
- IND independent expenditure supporting/opposing others (explain)\*
- LEG legal defense
- LIT campaign literature and mailings
- MBR member communications
- MTG meetings and appearances
- OFC office expenses
- PET petition circulating
- PHO phone banks
- POL polling and survey research
- POS postage, delivery and messenger services
- PRO professional services (legal, accounting)
- PRT print ads
- RAD radio airtime and production costs
- RFD returned contributions
- SAL campaign workers' salaries
- TEL tv. or cable airtime and production costs
- TRC candidate travel, lodging, and meals
- TRS staff/spouse travel, lodging, and meals
- TSF transfer between committees of the same candidate/sponsor
- VOT voter registration
- WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

\*\* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

**TOTAL \* \$**

**Schedule H**  
**Loans Made to Others\***

Amounts may be rounded  
to whole dollars.

<b>CALIFORNIA FORM 460</b>	
Statement covers period from <u>07/01/2021</u>	through <u>12/31/2021</u>
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SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

**Gloria Soto for Santa Maria City Council District 3 2022**

FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD *	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
			\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____	% _____	\$ _____	\$ _____
			\$ _____		\$ _____	RATE \$ _____		
						DATE DUE _____	DATE INCURRED _____	

I.D. NUMBER 1407086

	<b>SUBTOTALS</b>	\$	\$	\$	\$	\$	\$	\$

\*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E

FPPC Form 460 (Jan/2016)  
FPPC Advice: advice@fppc.ca.gov (866/275-3772)  
www.fppc.ca.gov

